IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787		Attorney Docket No.:				117597				
			Date:					e: October 27, 2003		
			MAIL STOP PATENT APPLICATION							
Customer Number:	25944 NONPROVISIONAL APPLICATION TRANSMITTAL RULE §1.53(b)									
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					ROLE 9	1.33(0)		S PTO	807	
Sir:								9	392	
Transmitted herewith f	non	provisional p	atent applic	ation		031088	10/69			
For (Title): SIMULATION APPARATUS A INFORMATION				HOD FOR S	TORING O	PERATIO	ON			
By (Inventors):	Naoya KAMIYAMA									
Formal drawings (Figs. 1-9; 9 sheets) are attached. Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to FUJITSU TEN LIMITED. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-310479 filed October 25, 2002 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE SMALL ENTITY SMALL ENTITY										
FOR:	NO. FILED	NO. EXTRA		RATE	FEE	<u>OR</u>	RATE	FE	E	
BASIC FEE					\$ 385	<u>OR</u>		\$ 77	'O	
TOTAL CLAIMS	13 - 20	= 0*		x 9=	\$	<u>OR</u>	x 18	\$		
INDEP CLAIMS	4 - 3	= 1*		x 43 =	\$	<u>OR</u>	x 86	\$ 8	6	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				+ 145=	\$	<u>OR</u>	+ 290	\$		
* If the difference is less than zero, enter "0".				TOTAL	\$	<u>OR</u>	TOTAL	\$ 85		
Check No. 147714 in the amount of \$856.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached. Respectfully submitted.										

James A. Oliff Registration No. 27,075

Joel S. Armstrong Registration No. 36,430

JAO:JSA/emt